



DEPARTMENT OF THE ARMY  
UNITED STATES ARMY ENGINEER SCHOOL  
US ARMY MANEUVER SUPPORT CENTER OF EXCELLENCE  
DIRECTORATE OF TRAINING AND LEADER DEVELOPMENT  
14000 MSCOE LOOP, BUILDING 3200, SUITE 336  
FORT LEONARD WOOD, MISSOURI 65473-8300

REPLY TO  
ATTENTION OF:

ATSE-DT

27 FEB 2014

MEMORANDUM FOR Prospective Engineer Diver Applicants

SUBJECT: Becoming an Army Engineer Diver MOS 12D

1. The Army is looking for highly motivated soldiers as volunteers to become Engineer Divers, MOS 12D. This job is both physically and mentally demanding, but can be a very rewarding career for those who accept and meet the challenge.
2. Our Dive Program offers:
  - a. Overseas and CONUS assignments
  - b. Monetary incentive (Dive pay)
  - c. Basic and Advanced training in underwater construction, repair, reconnaissance, demolition, salvage and hyperbaric treatment.
  - d. The opportunity to work with highly motivated and dedicated individuals in units with extremely high levels of esprit de corps.
3. Prospective applicants must apply.
  - a. Formally apply for reclassification or reenlistment for MOS 12D by completing a DA Form 4187 (Personnel Action), DA Form 5030 (Engineer Diver Training Application) and in some instances, a reenlistment contract.
  - b. Be in the rank of PVT, PFC, or SPC/CPL. SPC and CPL must be in a NON-PROMOTABLE status when reporting for initial MOS 12D training and duty. Please note that all Soldiers in the ranks of SPC and CPL will remain in a NON-PROMOTABLE status until evaluation by their leadership at their first diving duty assignment. **NOTE: Soldiers will be disenrolled from the Diver Phase 1 and 2 courses if they arrive in an E-4 (promotable) status.**
  - c. Soldiers must meet the 24 months service-remaining requirements IAW AR 614-200, Ch. 4 upon graduation from the Diver Phase 2 course.
  - d. If on a current term of enlistment in which an enlistment bonus (EB) or selective reenlistment bonus (SRB) has been received, Soldier should be advised that the bonus MAY be prorated and he/she MAY be responsible to pay the unearned portion back to the government. Contact your career counselor to discuss your situation.
  - e. Have attained a minimum score of 107 in aptitude area General Technical (GT) or a minimum score of 106 in aptitude area Skilled Technical (ST) and attained a minimum score of 98 in aptitude area General Mechanical (GM). **NOTE: This requirement differs from the standards listed in Part III (block f) of DA Form 5030. Requirements for specific test dates may be found in DA Pam 611-21, Ch. 10, Enlisted MOS Specifications, 10-12D.**

f. Have attained a minimum score of 180 (60 points in each event) or higher on the APFT. **(Keep in mind these are the minimum standards. It is highly recommended that Diver candidates score a minimum of 270 or above on the APFT with at least 90 points in each event).**

g. Have successfully completed the Diver Physical Fitness Test (DPFT) outlined in Part IV of DA Form 5030.

h. Have undergone a Diving Medical Examination as prescribed in AR 40-501 within 9 months of attending Phase I.

i. Have a physical profile of 111111 (PULHES) and meet the height and weight standards prescribed in AR 600-9.

j. Understand that Soldier must successfully complete a 3 week Diver Phase I course conducted at Ft. Leonard Wood, Missouri prior to attending Phase II at the Naval Diving and Salvage Training Center at Panama City, Florida.

4. Enclosed is an easy to follow process to ensure your packet gets the attention it deserves.

5. Good luck and HOOYAH! DEEP SEA!

6. POC for this memorandum is the Army Diver Phase I Reclassification Manager at (573) 563-7192 or DSN 676-7192.

11 ENCLS

1. Dive Candidate Application Process
2. Requests for Waiver Info
3. Engineer Diver Phase I Course Info
4. Engineer Diver Phase II Course Info
5. Introduction to MOS 12D
6. Medical Screening Requirements
7. Medical Screening Form
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9. DD Form 2808
10. Removal from Promotion List/Grade Reduction Example
11. DA 4187 Example
12. Waiver Example

///original signed///

DONALD R. LESTER

SFC, USA

Phase I Reclassification Manager

## Encl. 1 DIVE CANDIDATE APPLICATION PROCESS

1. Contact your installation medical facility and schedule a physical examination. **(Provide them with enclosures 6 through 9 from this packet).** Tell them you need a “Dive Physical” for your application to become an Engineer Diver. As a reference they can use AR 40-501 to ensure the medical standards are met.
2. All dive candidates attending Naval Diving and Salvage Training Center (NDSTC) require a **sickle cell test, CBC w/Differential, and G6PD** test with results recorded on DD Form 2808 (Report of Medical Examination) and Medical Screening form (encl. 7) in order to have the dive physical approved by the Medical Department at NDSTC.
3. Make several copies of the completed DD Form 2808, DD Form 2807-1 (Report of Medical History), and Medical Screening form. This will prevent having to complete another physical exam if the originals become lost.
4. While waiting for your physical, begin gathering the rest of the paperwork for your application.
5. Complete a Personnel Action, DA Form 4187, indicating that you want to reclassify **(if greater than one year left in service)** as an Engineer Diver, MOS 12D.
6. If the Soldier has less than one year left in service before ETS, he or she must reenlist for MOS 12D. **NOTE: For Soldiers in a critical shortage MOS, this is your only way out of your MOS. (Do not re-up; option 1 (reg. Army) if you are in a critical MOS. This will lock you back into your old MOS. You must only re-up under option 3 (retraining) for MOS 12D.** To qualify for this you must be a first term Soldier and meet all other prerequisites outlined for entry into 12D, Engineer Diver MOS (ref. DA 5030, Part III and IV). Make sure you are using your Retention NCO as regulations change.
7. Complete the Engineer Diver Training Application, DA Form 5030.
8. Complete Waiver Request(s) if applicable. See Enclosure 2.
9. Provide a current ERB.
10. Provide your most recent APFT Score card, DA Form 705; within 6 months.
11. Once your physical and all other forms are complete, scan and e-mail the application packet to [donald.r.lester.mil@mail.mil](mailto:donald.r.lester.mil@mail.mil).
  - **Ensure that all scanned documents are clear and legible. If you can’t read it, we can’t read it.**
  - **Do not submit your packet directly from a digital sender. Send it to yourself then submit it to the above.**
12. While waiting for approval of you packet, begin increasing the intensity of your physical fitness level. It is imperative that you report to the Diver Phase I Course in **“THE BEST PHYSICAL CONDITION OF YOUR LIFE”**.

## **Encl. 2 REQUEST FOR WAIVERS AND MOU**

1. The following guidelines outline requests for waivers if prospective candidates do not meet certain criteria or prerequisites. Waiver requests are approved on a case by case basis and based on MOS strength. A waiver request is a request for an exception to the current policy. A waiver may be necessary if the candidate does not meet requirements outline in Part III of DA Form 5030 or Para. 5.11 of AR 40-501. Waiver requests must be submitted with the original application. Call the 12D Training Development Office at 573-563-7192 or DSN 676-7192 before submitting to ensure that specific conditions may be waived. An example may be found in enclosure 12.
2. **Age (DA Form 5030, part III, item 8.b):** Currently processing age waivers.
3. **Current term of enlistment for which an enlistment or selective reenlistment bonus has been received (DA Form 5030, part III, item 8.e):** Submission of a waiver is not necessary for this prerequisite; however, Soldiers falling into this category must contact their Retention NCO to determine responsibility for repayment of bonuses.
4. **Medical issues (DA Form 5030, part III, item 9.g):** We are currently not processing waivers for medical issues which are considered disqualifying conditions.

**NOTE: We need Soldiers for this MOS. Due to the extreme environmental conditions and risks associated with this MOS and the expense of training, we must recruit only qualified and able personnel.**

### Encl. 3 - ENGINEER DIVER PHASE I COURSE

1. The Engineer Diver Phase I Course administered at Ft. Leonard Wood, MO is designed to assess a candidate's physical and mental ability to become a diver. This course provides instruction on critical skills and tests the physical and mental fitness that are necessary to fulfill the requirements in Phase II of the Engineer Diver training. Training during the course includes:
  - a. Memorizing large quantities of information with daily quizzes to determine candidate's ability to comprehend the material and successfully pass a final written exam over all subject areas covered. **(Candidates are taught from the entry level and it is understood that they probably have never seen this type of material before).**
  - b. Subjects of instruction:

- Underwater Physics	- Underwater Physiology
- Diving Medicine	- Dive Charting
- Aquatic Adaptability	- Diver Communication (line-pulls)
- Drown Proofing	- Physical Fitness
  - c. Dive candidates must successfully complete a 1000-yard fin swim while on their backs with arms folded across their chest; using fins only for propulsion in 22 minutes or less.
  - d. Dive candidates must successfully ditch and don mask, snorkel, and swim fins from bottom of pool.
  - e. Score a minimum of 180 on the APFT with 60 points minimum in each event. **(Keep in mind these are the minimum standards. Recommendation is that Diver candidates achieve a score of 270 or above on the APFT with 90 points in each event).**
  - f. Pass the Navy Diver Physical Fitness Test, consisting of the following events:
    1. Swim 500 yards in 14 minutes or less, using the sidestroke or breaststroke. Candidates can use both strokes during the swim and are allowed to push off the sides when turning.
    2. 10 minute standing rest period.
    3. Perform 42 push-ups within 2 minutes. Arms shoulder width, feet together, back straight and no bending or arching the back during the event.
    4. 2 minute standing rest period.
    5. Perform 50 sit-ups within 2 minutes. Arms folded across chest, feet together and held to the floor by a partner, butt 10 inches away from heels; curl upwards and touch elbows to the upper three inches of the thighs (at the knees) and back down.
    6. 2 minute standing rest period.
    7. Perform 6 pull-ups with palms facing out, no kicking or swinging allowed. Chin must clear, or be even with the top of the bar on each repetition. No time limit.
    8. 10 minute standing rest period.
    9. Run 1.5 miles in 12 minutes and 45 seconds or less wearing the Army PT uniform.
2. The APFT and the Navy Divers physical fitness test are the minimum entrance standards and candidates are expected to perform well above those standards while at the Phase I course.

3. The physical fitness training is very strenuous and is the primary reason candidates fail the course. During the Phase I course we do not conduct PRT; candidates are expected to perform the following tasks:
  - a. Run 3 to 5 miles at a :06::30 to :07::30 per mile pace.
  - b. Perform 6 to 8 pull-ups at any given time.
  - c. Swim 15 yards underwater at 15 second intervals for 10 repetitions.
  - d. Perform intense PT with emphasis on push-ups, pull-ups, flutter kicks, leg spreaders and lots of abdominal exercises.
  - e. Tread water for extended periods of time utilizing different techniques to include regular treading, treading with hands and ears out of the water, and treading water with up to 16 pounds of weight.
  - f. PT is conducted once a day, from approximately 0450 to 0630 and water adaptability training is conducted from 1300 to 1700 hrs.
  - g. Candidates are required to learn all academic material in addition to excelling during physical training and water adaptability training.
4. Diver candidates must have ERB and Orders. This will facilitate in and out-processing of students from FT. Leonard Wood.
5. Students must have Dental records, Medical records, Chest X-Ray, and a completed Dive Physical with doctor's signature.
6. Uniform required for MOS-Trained students: Full set of Army Physical Fitness Uniform, 2 sets of ACUs, 4 extra tan t-shirts, and issued Army underwear. Students will be authorized civilian clothes during the evenings and weekends while in course.
7. Successful completion of the Engineer Divers Phase I Course is a requirement to attend Phase II.

***“The capability of a diver’s equipment depends on the capability of the diver, and the capability of the diver depends on his/her physical condition”***

***Author Unknown***

## **Encl. 4 - ENGINEER DIVER PHASE II COURSE**

1. Training for Diver Phase II Course includes twenty-six weeks of intense academic and physical training. Trainees are introduced to basic diving physics and diving medicine. As training progresses, they find themselves in “confidence training”, and a practical evaluation of SCUBA operations. Confidence training is the practice of ditching and donning SCUBA equipment with various problems imposed upon the students by instructors. Some examples of the types of problems imposed are loss of air and loss of equipment such as mask, regulator, and broken shoulder straps. In addition, trainees receive instruction on surface supplied diving and hyperbaric chamber operations. Students will also become familiar with underwater hydraulic tool operations and underwater cutting and welding procedures. They will become proficient in Underwater Ships Husbandry (USH) to include underwater photography, Mine/Countermining Operations, Demolitions, Hydrographic Surveys, and Reconnaissance.
2. Physical Conditioning: Physical training is conducted daily. Morning PT consists of a 50 minute period of calisthenics and running increasing in difficulty as training progresses. The students participate in runs of 2 to 4 miles, and timed bay swims of 1000 yards using fins while swimming on their backs. The time limit for the bay swim is 21 minutes or less.
3. Drown proofing is introduced early in the course. It requires the student to:
  - a. Enter the water and utilize the survival float for 5 minutes. This is a facedown floating technique.
  - b. Enter the water using a front roll entry with ankles LOOSELY tied, and perform a modified survival float for 5 minutes.
  - c. Enter the water holding a line in both hands behind their back and perform a basic survival float for 5 minutes.
4. Academics: Candidates will be introduced and required to retain information on the following subjects. Students are also required to successfully pass all examinations with a minimum score of 80%.
  - a. Physics: The students are instructed on gas theory and gas laws as they relate to diving. They are also instructed on proper charting of diving evolutions and other requirements related to diving operations.
  - b. Diving Medicine: This covers physiology and diving medicine. The student acquires the knowledge necessary to recognize respiratory problems, gas toxicity, hypothermia, barotraumas, pulmonary over inflation syndromes, decompression sickness and other diving maladies.
  - c. Diving Administration: The students are instructed on the Dive Reporting System and Diving Administration.
5. Tasks and Projects: Candidates are required to successfully complete tasks and projects related to diving. These tasks and projects are:
  - a. Hyperbaric Chamber Operation: In this phase of training the students learn to perform as hyperbaric operators. Students will become qualified as recompression chamber operators.

- b. Open-Circuit SCUBA: This phase of training includes classroom instruction, pool training, open water dives, and qualification dives in a pressure vessel assembly. The students function as topside dive team members and as SCUBA divers in the water.
  - c. Surface Supplied Diving: The students perform underwater diving operations on various projects and crafts in this module of training using the KM-37 diving apparatus.
6. With the proven ability to overcome the rigorous mental and physical challenges, the end result is a qualified Second Class Diver who is an effective member of any dive team.

***“The Ocean weeds out,  
from all the Races of Mankind,  
that comes upon it to make a living,  
a certain type of Person.  
this type of Person stays with the Ocean,  
and the Rest are cast back ashore to deal  
with the Land People.”***

***Dr. Wilbert Chapman***

## **Encl. 5 - INTRODUCTION TO MOS 12D**

1. The Army is looking for highly motivated soldiers as volunteers to become Engineer Divers for the MOS 12D. This job is both physically and mentally demanding, but can be a very rewarding career for those who accept and meet the challenge. Listed below are just a few of the missions you will be challenged with if you become a 12D Engineer Diver.

A. Underwater missions include:

- (1) Underwater construction, rehabilitation, inspection and maintenance of port facilities.
- (2) Search and recovery of submerged equipment and personnel.
- (3) Supporting Joint Logistics Over-The-Shore Operations (JLOTS).
  - Installation and maintenance of offshore pipelines and mooring systems.
  - Hydrographic surveys (topographical image of the ocean floor)
  - Bathymetric surveys of shorelines to clear for beach landings.
- (4) Salvage of sunken boats and other obstructions to navigation.
- (5) Maintenance, repair, inspection and salvage of vessels.
- (6) Support the Corps of Engineers on dams, inland waterways and ocean coastal projects; port facility repairs, removal and emplacement.
- (7) Support Engineer River crossing operations and River Reconnaissance.
- (8) Demolition, Mine / Counter-Mine Operations.
- (9) Assist other government agencies, which do not have diving assets to complete their missions.
- (10) Aid civilian contractors in marine research and underwater tools and equipment development that will be used for Military application in the future.

B. Army Diving Assignments:

- (1) Initial:
  - Fort Eustis, Virginia
  - Fort Shafter, Hawaii
- (2) Follow on:
  - Panama City, Florida
  - Fort Leonard Wood, Missouri

## Encl. 6 - MEDICAL SCREENING REQUIREMENTS

### **ENSURE THAT THE DOCTOR DOING YOUR PHYSICAL GETS THIS INFORMATION!**

Any disease or condition that causes chronic or recurrent disability shall be disqualifying at the discretion of the cognizant medical officer. **Detailed medical fitness standards for MOS 12D can be found in AR 40-501, Chapter 5-11 Medical fitness standards for initial selection for other marine diving training (MOS 00B).** Particular attention shall be directed to the following items:

- (1) **Weight** – IAW AR 600-9
- (2) **Vision** – All divers shall correct to 20/20 (100 percent B.V.E.) and documented on DD 2808. Combat swimmers shall have uncorrected vision no lower than 77 percent B.V.E; nor shall have uncorrected vision in either eye less than 20/70. **All other divers shall have uncorrected vision no lower than 49 percent B.V.E.; nor shall have uncorrected vision in either eye less than 20/200.**
- (3) **Color Vision** – Diving candidates must pass the Pseudo Isochromatic Plate (P.I.P) Test, unless the applicant is able to identify vivid red and vivid green as projected by the Ophthalmological Projector or the SVT, and have results documented on DD 2808. The Farnsworth Lantern Test is no longer required.
- (4) **Dental** – A dental officer shall conduct a complete dental exam. If a dental officer is not available, a medical officer shall conduct the exam. Acute infectious diseases of the soft tissue of the oral cavity are disqualifying until remedial treatment is completed. Advanced oral diseases and generally unserviceable teeth shall be cause for rejection. Applicants with moderate malocclusion, or extensive restorations and replacements by bridges or dentures, may be accepted, if such do not interfere with effective use of self-contained underwater breathing apparatus. If student meets this criteria and does not require any dental work (i.e. fillings, etc., then document on DD 2808 type of exam and dental class. **(Note: Must indicate Type of Exam (annual, physical, etc.), and must read “Acceptable” (class 1 or 2 only) to be considered).**
- (5) **Ears, Nose, and Throat** – The following conditions are disqualifying: acute disease, chronic serous otitis or otitis media, perforation of the tympanic membrane, any nasal or pharyngeal respiratory obstruction, chronic sinusitis if not readily controlled, speech impediments due to organic defects, or inability to equalize pressure due to any cause.
- (6) **Pulmonary** – Congenial and acquired defects, which may restrict pulmonary function, cause air-trapping, or affect the ventilation-perfusion balance shall disqualify for both initial training and continuation. In general, chronic obstructive or restrictive pulmonary disease of any type shall be disqualifying.
- (7) **Hematology** – Any significant anemia or history of hemolytic disease must be evaluated. When due to a variant hemoglobin state, it shall be disqualifying. All applicants for diving duty shall have a sickle cell test in their health record. The minimum requirement for such test is the dithionite solubility test, for which a hemoglobin electrophoresis may be substituted. Sickle trait is disqualifying in applicants.
- (8) **Skin** – Acute or chronic diseases that are exacerbated by the hyperbaric environment are disqualifying.

- (9) **Neurological** – Organic brain disease seizure disorders of any sort, and head injuries with sequelae shall be disqualifying.
- (10) **Musculoskeletal** – Saturation divers shall have triennial long bone roentgenogram surveys with diving medical examinations.
- (11) **Psychiatric** – The special nature of diving duties requires a careful appraisal of the individual's emotional and temperamental fitness. Personality disorders, neuroses, immaturity, instability, asocial traits, and stammering or stuttering shall be disqualifying.
- (12) **Ability to equalize Pressure** – All candidates shall be subjected in a recompression chamber to a pressure of 50 pounds per square inch (22.50 kg) to determine their ability to withstand the effects of pressure. This test should not be performed in the presence of a respiratory infection that may temporarily hinder the ability to equalize or ventilate. **(For Army this test should be attempted prior to attending Diver Phase I Course. However, inability to perform this test due to inadequate facility will not be disqualifying).**

**Documentation of the following items on DD Form 2808 (Report of Medical Examination) is important during execution of the medical examination. Failure to document these items correctly may lead to delayed processing of the application packet.**

- (1) **Dental Class** (block 43)
- (2) **Comment on TM's and Valsalva SAT** (block 44 or 72b)
- (3) **Complete Neurological Exam** in detail (block 44, Cranial Nerves, Strength, Sensation, Deep Tendon Reflexes, Motor Sensory, Mental Status)
- (4) **Urinalysis** (Block 45, within 30 days of physical)
- (5) **Complete Blood Count (CBC) with differential** (H/H block 47, WBC/PLT block 73 with date of lab, within 30 days of physical)
- (6) **Blood type** recorded (block 48)
- (7) **HIV** (block 49, results and date, within one year of training)
- (8) **G6PD** (block 52b, any time prior to physical)
- (9) **Sickle Cell** (block 52c, any time prior to physical)
- (10) **Blood Pressure** lower than 140/90 (block 58)
- (11) **Vision** (block 61)
- (12) **Audiogram** (block 71, no results greater than 55db, within one year of training)
- (13) **Electrocardiogram** (block 73, date and impression, within one year of training)
- (14) **Chest X-ray** (block 73, Date, Exam#, Location, Impression, within one year of training)
- (15) **Fasting Lipid Panel** (block 73, within 30 days of physical)

- (16) **Fasting Glucose (FBS) Panel** (block 73, within 30 days of physical)
- (17) **PPD** (block 73, date read and reaction, within one year of training)
- (18) **Two Doses of both Hepatitis A and Hepatitis B** documented (block 73, YES/NO/IMMUNE)
- (19) **Immunizations** up to date (block 73, YES/NO, initials of screener)
- (20) **Hepatitis C Screening** (block 73, result with date of draw, within one year of training)

***“The sea’s only gifts are harsh blows and, occasionally, the chance to feel strong.”- Primo Levi***

## Encl. 7 - MEDICAL SCREENING FORM

NAME/RANK: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

PRESENT COMMAND: \_\_\_\_\_

BRANCH OF  
SERVICE: \_\_\_\_\_

DATE: \_\_\_\_\_

### PHYSICAL SCREENING (to be filled out by candidate):

- |  |          |
|--|----------|
| 1. HAVE YOU HAD ANY BLOOD PRESSURE OR HEART PROBLEMS?            | YES / NO |
| 2. DO YOU HAVE A HISTORY OF PAIN OR PRESSURE IN YOUR CHEST?      | YES / NO |
| 3. HISTORY OF PAIN IN NECK, ARMS, OR SHOULDERS WHEN EXERCISING?  | YES / NO |
| 4. HAS ANYONE IN YOUR FAMILY HAD HEART PROBLEMS PRIOR TO AGE 50? | YES / NO |
| 5. ARE YOU ACCUSTOMED TO EXERCISE?                               | YES / NO |
| 6. ARE YOU BREATHLESS AFTER MILD EXERCISE?                       | YES / NO |
| 7. HAVE YOU EVER HAD HEAT EXHAUSTION OR HEAT STROKE?             | YES / NO |
| 8. DO YOU EVER GET FAINT OR DIZZY?                               | YES / NO |
| 9. DO YOU HAVE BONE, JOINT, OR BACK PROBLEMS?                    | YES / NO |
| 10. ANY MEDICAL CONDITION THAT MIGHT INTERFERE WITH EXERCISE?    | YES / NO |

SIGNATURE OF CANDIDATE: \_\_\_\_\_

DATE: \_\_\_\_\_

### RECORDS SCREENING (to be filled out by medical department):

G6PD result: \_\_\_\_\_

Typhoid date: \_\_\_\_\_

Sickle cell result: \_\_\_\_\_

Tetanus date: \_\_\_\_\_

Blood type: \_\_\_\_\_

Yellow fever date: \_\_\_\_\_

Date of last SF-88: \_\_\_\_\_

Last PPD and result: \_\_\_\_\_

Date of last pressure test: \_\_\_\_\_

Last HIV and result: \_\_\_\_\_

Dental type, class, status and date of exam: \_\_\_\_\_

CBC w/diff result: \_\_\_\_\_

The following labs are complete on DD 2808: Serology, CBC w/ diff results, and Lipid panel. YES/NO

The following studies are complete on DD 2808: CXR, ECG, Audiogram, and FALANT/PIP. YES/NO

Signature of MDR: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

### DMO SCREEN (to be filled out by UMO, HMO, or Qualified Representative)

- |   |        |
|---|--------|
| 1. DD 2808 and DD 2807-1 are complete and correct for diving duty and within 9 months of application?                               | YES/NO |
| 2. Every page of member's health record has been reviewed?  | YES/NO |
| 3. Any disqualifying condition has a completed, and approved waiver?  | YES/NO |
| 4. Any non-disqualifying condition that might affect dive training is thoroughly documented per Article 15-75 of the MANMED?        | YES/NO |
| 5. Any affirmative response to physical screening questions by candidate above is explained by yourself on SF-600 in Health Record? | YES/NO |

Signature of DMO: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: This form should be the first document the medical department at NDSTC sees when candidate's health records are opened. Any questions should be addressed before candidate arrives in Panama City. We can be reached @ (850) 235-5215 commercial or DSN 436-5215.**

**Encl. 8 – DD Form 2807-1 Report of Medical History**

**Please ensure that section 6 of DD 2807-1 is filled out according to the example.**

<b>REPORT OF MEDICAL HISTORY</b> <b>(This information is for official and medically confidential use only and will not be released to unauthorized persons.)</b>				<small>OMB No. 0704-0413 OMB approval expires Aug 31, 2014</small>	
<small>The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</small>					
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.</b>					
<b>PRIVACY ACT STATEMENT</b>					
<b>AUTHORITY:</b> 10 U.S.C. 136, DoD Instruction 6130.03, and E.O. 9397, as amended (SSN). <b>PRINCIPAL PURPOSE(S):</b> The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted. Completed forms are covered by recruiting, medical evaluation board, and official military personnel file SORNs maintained by each of the Services. <b>ROUTINE USE(S):</b> The Blanket Routine Uses found at <a href="http://privacy.defense.gov/blanket_uses.shtml">http://privacy.defense.gov/blanket_uses.shtml</a> apply to this collection. <b>DISCLOSURE:</b> Voluntary. However, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual's record.					
<b>WARNING:</b> The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.					
1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		2. SOCIAL SECURITY NUMBER		3. TODAY'S DATE (YYYYMMDD)	
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)		5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)			
b. HOME TELEPHONE (Include Area Code)					
<b>X ALL APPLICABLE BOXES:</b>				7.a. POSITION (Title, Grade, Component)	
<b>6.a. SERVICE</b> <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		<b>6.b. COMPONENT</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		<b>6.c. PURPOSE OF EXAMINATION</b> <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <b>DIVER</b> <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program	
8. CURRENT MEDICATIONS (Prescription and Over-the-counter)		9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)			
<b>Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.</b>					
<b>HAVE YOU EVER HAD OR DO YOU NOW HAVE:</b>		<b>12. (Continued)</b>		<b>YES NO</b>	
10.a. Tuberculosis		f. Foot trouble (e.g., pain, corns, bunions, etc.)		YES NO	
b. Lived with someone who had tuberculosis		g. Impaired use of arms, legs, hands, or feet		YES NO	
c. Coughed up blood		h. Swollen or painful joint(s)		YES NO	
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.		i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)		YES NO	
e. Shortness of breath		j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint		YES NO	
f. Bronchitis		k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.		YES NO	
g. Wheezing or problems with wheezing		l. Bone, joint, or other deformity		YES NO	
h. Been prescribed or used an inhaler		m. Plate(s), screw(s), rod(s) or pin(s) in any bone		YES NO	
i. A chronic cough or cough at night		n. Broken bone(s) (cracked or fractured)		YES NO	
j. Sinusitis		13.a. Frequent indigestion or heartburn		YES NO	
k. Hay fever		b. Stomach, liver, intestinal trouble, or ulcer		YES NO	
l. Chronic or frequent colds		c. Gall bladder trouble or gallstones		YES NO	
11.a. Severe tooth or gum trouble		d. Jaundice or hepatitis (liver disease)		YES NO	
b. Thyroid trouble or goiter		e. Rupture/hernia		YES NO	
c. Eye disorder or trouble		f. Rectal disease, hemorrhoids or blood from the rectum		YES NO	
d. Ear, nose, or throat trouble		g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)		YES NO	
e. Loss of vision in either eye		h. Frequent or painful urination		YES NO	
f. Worn contact lenses or glasses		i. High or low blood sugar		YES NO	
g. A hearing loss or wear a hearing aid		j. Kidney stone or blood in urine		YES NO	
h. Surgery to correct vision (RK, PRK, LASIK, etc.)		k. Sugar or protein in urine		YES NO	
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)		l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)		YES NO	
b. Arthritis, rheumatism, or bursitis		14.a. Adverse reaction to serum, food, insect stings or medicine		YES NO	
c. Recurrent back pain or any back problem		b. Recent unexplained gain or loss of weight		YES NO	
d. Numbness or tingling		c. Currently in good health (If no, explain in Item 29 on Page 2.)		YES NO	
e. Loss of finger or toe		d. Tumor, growth, cyst, or cancer		YES NO	

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)			SOCIAL SECURITY NUMBER	
<b>Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.</b>				
<b>HAVE YOU EVER HAD OR DO YOU NOW HAVE:</b>			<b>YES NO</b>	
<b>15.a.</b> Dizziness or fainting spells			<input type="radio"/> YES <input type="radio"/> NO	
b. Frequent or severe headache			<input type="radio"/> YES <input type="radio"/> NO	
c. A head injury, memory loss or amnesia			<input type="radio"/> YES <input type="radio"/> NO	
d. Paralysis			<input type="radio"/> YES <input type="radio"/> NO	
e. Seizures, convulsions, epilepsy or fits			<input type="radio"/> YES <input type="radio"/> NO	
f. Car, train, sea, or air sickness			<input type="radio"/> YES <input type="radio"/> NO	
g. A period of unconsciousness or concussion			<input type="radio"/> YES <input type="radio"/> NO	
h. Meningitis, encephalitis, or other neurological problems			<input type="radio"/> YES <input type="radio"/> NO	
<b>16.a.</b> Rheumatic fever			<input type="radio"/> YES <input type="radio"/> NO	
b. Prolonged bleeding <i>(as after an injury or tooth extraction, etc.)</i>			<input type="radio"/> YES <input type="radio"/> NO	
c. Pain or pressure in the chest			<input type="radio"/> YES <input type="radio"/> NO	
d. Palpitation, pounding heart or abnormal heartbeat			<input type="radio"/> YES <input type="radio"/> NO	
e. Heart trouble or murmur			<input type="radio"/> YES <input type="radio"/> NO	
f. High or low blood pressure			<input type="radio"/> YES <input type="radio"/> NO	
<b>17.a.</b> Nervous trouble of any sort <i>(anxiety or panic attacks)</i>			<input type="radio"/> YES <input type="radio"/> NO	
b. Habitual stammering or stuttering			<input type="radio"/> YES <input type="radio"/> NO	
c. Loss of memory or amnesia, or neurological symptoms			<input type="radio"/> YES <input type="radio"/> NO	
d. Frequent trouble sleeping			<input type="radio"/> YES <input type="radio"/> NO	
e. Received counseling of any type			<input type="radio"/> YES <input type="radio"/> NO	
f. Depression or excessive worry			<input type="radio"/> YES <input type="radio"/> NO	
g. Been evaluated or treated for a mental condition			<input type="radio"/> YES <input type="radio"/> NO	
h. Attempted suicide			<input type="radio"/> YES <input type="radio"/> NO	
i. Used illegal drugs or abused prescription drugs			<input type="radio"/> YES <input type="radio"/> NO	
<b>18. FEMALES ONLY.</b> Have you ever had or do you now have:				
a. Treatment for a gynecological (female) disorder			<input type="radio"/> YES <input type="radio"/> NO	
b. A change of menstrual pattern			<input type="radio"/> YES <input type="radio"/> NO	
c. Any abnormal PAP smears			<input type="radio"/> YES <input type="radio"/> NO	
d. First day of last menstrual period (YYYYMMDD)				
e. Date of last PAP smear (YYYYMMDD)				
<b>19.</b> Have you been refused employment or been unable to hold a job or stay in school because of:				
a. Sensitivity to chemicals, dust, sunlight, etc.			<input type="radio"/> YES <input type="radio"/> NO	
b. Inability to perform certain motions			<input type="radio"/> YES <input type="radio"/> NO	
c. Inability to stand, sit, kneel, lie down, etc.			<input type="radio"/> YES <input type="radio"/> NO	
d. Other medical reasons <i>(If yes, give reasons.)</i>			<input type="radio"/> YES <input type="radio"/> NO	
<b>20.</b> Have you ever been treated in an Emergency Room? <i>(If yes, for what?)</i>				
			<input type="radio"/> YES <input type="radio"/> NO	
<b>21.</b> Have you ever been a patient in any type of hospital? <i>(If yes, specify when, where, why, and name of doctor and complete address of hospital.)</i>				
			<input type="radio"/> YES <input type="radio"/> NO	
<b>22.</b> Have you ever had, or have you been advised to have any operations or surgery? <i>(If yes, describe and give age at which occurred.)</i>				
			<input type="radio"/> YES <input type="radio"/> NO	
<b>23.</b> Have you ever had any illness or injury other than those already noted? <i>(If yes, specify when, where, and give details.)</i>				
			<input type="radio"/> YES <input type="radio"/> NO	
<b>24.</b> Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? <i>(If yes, give complete address of doctor, hospital, clinic, and details.)</i>				
			<input type="radio"/> YES <input type="radio"/> NO	
<b>25.</b> Have you ever been rejected for military service for any reason? <i>(If yes, give date and reason for rejection.)</i>				
			<input type="radio"/> YES <input type="radio"/> NO	
<b>26.</b> Have you ever been discharged from military service for any reason? <i>(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)</i>				
			<input type="radio"/> YES <input type="radio"/> NO	
<b>27.</b> Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? <i>(If yes, specify what kind, granted by whom, and what amount, when, why.)</i>				
			<input type="radio"/> YES <input type="radio"/> NO	
<b>28.</b> Have you ever been denied life insurance?				
			<input type="radio"/> YES <input type="radio"/> NO	
<b>29. EXPLANATION OF "YES" ANSWER(S)</b> <i>(Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)</i>				

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."



**Encl. 9- DD Form 2808 Report of Medical Examination**

**Please print and use the following form for your medical examination.**

<b>REPORT OF MEDICAL EXAMINATION</b>		1. DATE OF EXAMINATION (YYYYMMDD)		2. SOCIAL SECURITY NUMBER	
<b>PRIVACY ACT STATEMENT</b>					
<b>AUTHORITY:</b> 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397. <b>PRINCIPAL PURPOSE(S):</b> To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. <b>ROUTINE USE(S):</b> None. <b>DISCLOSURE:</b> Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.					
3. LAST NAME, FIRST NAME, MIDDLE INITIAL		4. HOME ADDRESS (Street, Apartment Number, City, State, ZIP code)		5. TELEPHONE NUMBER	
6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> M <input type="checkbox"/> F	10.a. RACIAL CATEGORY (Check one or more) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
11. TOTAL YEARS GOV'T SERVICE a. MILITARY      b. CIVILIAN		12. AGENCY (Non-Service Members Only)		13. ORGANIZATION UNIT AND UIC/CODE	
14.A. RATING OR SPECIALTY (Aviators Only)		b. TOTAL FLYING TIME		c. LAST SIX MONTHS	
15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input checked="" type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <u>DIVE</u> <input type="checkbox"/> Retention <input type="checkbox"/> Academy/ROTC <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program	
16. NAME OF EXAMINING LOCATION AND ADDRESS (Include ZIP Code)					
<b>CLINICAL EVALUATION</b> (Check each item in appropriate column. Enter "NE" if not evaluated.)					
		Nor- mal		Ab- norm	
17. Head, face, neck, and scalp					
18. Nose					
19. Sinuses					
20. Mouth and throat					
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)					
22. Drums (Perforation)					
23. Eyes - General (Visual acuity and refraction under items 61 - 63)					
24. Ophthalmoscopic					
25. Pupils (Equality and reaction)					
26. Ocular motility (Associated parallel movements, nystagmus)					
27. Heart (Thrust, size, rhythm, sounds)					
28. Lungs and chest (Include breasts)					
29. Vascular system (Varicosities, etc.)					
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)					
31. Abdomen and viscera (Include hernia)					
32. External genitalia (Genitourinary)					
33. Upper Extremities					
34. Lower Extremities (Except feet)					
35. Feet (See Item 35 continued)					
36. Spine, other musculoskeletal					
37. Identifying body marks, scars, tattoos					
38. Skin, lymphatics					
39. Neurologic					
40. Psychiatric (Specify any personality deviation)					
41. Pelvic (Females only)					
42. Endocrine					
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.)		<input type="checkbox"/> Acceptable    Class <input type="checkbox"/> <input type="checkbox"/> Not Acceptable		<input type="checkbox"/> Normal Arch <input type="checkbox"/> Mild <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Pes Cavus <input type="checkbox"/> Moderate <input type="checkbox"/> Symptomatic <input type="checkbox"/> Pes Planus <input type="checkbox"/> Severe	

**44. NOTES:** (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in Item 73 and use additional sheets if necessary.)

22. Valsalva intact B/L: Yes or No

32. Circumcised: Yes or No

37. List of Scars, Tattoos, and Body Marks w/ approx size in cm:

39. In detail:

CRANIAL NERVES: II - XII Intact & Symmetric: Yes or No

STRENGTH: 5/5 B/L UE & LE THROUGHOUT: Yes or No

SENSATION: to LIGHT TOUCH B/L UE & LE: Yes or No

**Reflexes**

REFLEXES:

CEREBELLAR: F-N, H-T, H-S, Rap.Alt, Rhom, Gait Normal: Yes or No

MENTAL STATUS: Mood/Affect/Attitude Normal: Yes or No

**35. FEET** (Continued) (Check each category)

LAST NAME, FIRST NAME, MIDDLE INITIAL												SOCIAL SECURITY NUMBER																							
LABORATORY FINDINGS *** SEE BOX 73 ***																																			
						a. Albumin				46. URINE HCG				47. H/H				48. BLOOD TYPE																	
						b. Sugar																													
TESTS						RESULTS						HIV SPECIMEN LABEL						DRUG TEST SPECIMEN ID LABEL																	
49. HIV																																			
50. DRUGS																																			
51. ALCOHOL																																			
52. OTHER																																			
a. PAP SMEAR																																			
b.																																			
c.																																			
MEASUREMENTS AND OTHER FINDINGS																																			
53. HEIGHT				54. WEIGHT				55. MIN WGT - MAX WGT				MAX BF%				56. TEMPERATURE				57. PULSE															
58. BLOOD PRESSURE												59. RED/GREEN (Army Only)								60. OTHER VISION TEST															
a. 1ST				b. 2ND				c. 3RD																											
SYS.				SYS.				SYS.																											
DIAS.				DIAS.				DIAS.																											
61. DISTANT VISION						62. REFRACTION BY AUTOREFRACTION OR MANIFEST						63. NEAR VISION																							
Right 20/				Cor. to 20/				By		S.		CX		Right 20/				Cor. to 20/				by													
Left 20/				Cor. to 20/				By		S.		CX		Left 20/				Cor. to 20/				by													
64. HETEROPHORIA (Specify distance)																																			
ES°				EX°				R.H.				L.H.				Prism div.				Prism div.				NPR		PD									
65. ACCOMMODATION																																			
Right				Left				PIP				14				FALANT				/ 9				Uncorrected				Corrected							
68. FIELD OF VISION												69. NIGHT VISION (Test used and score)								70. INTRAOCULAR TENSION															
																				O.D. <input type="checkbox"/>				O.S. <input type="checkbox"/>											
71a. AUDIOMETER Unit Serial Number												71b. AUDIOMETER Unit Serial Number												72a. READING ALOUD											
Date Calibrated (YYYYMMDD)												Date Calibrated (YYYYMMDD)												TEST											
HZ		500		1000		2000		3000		4000		6000		HZ		500		1000		2000		3000		4000		6000		SAT <input type="checkbox"/>		UNSAT <input type="checkbox"/>					
Right														Right														72b. VALSALVA							
Left														Left														SAT <input type="checkbox"/>		UNSAT <input type="checkbox"/>					
73. NOTES (Continued) AND SIGNIFICANT INTERVAL HISTORY (Use additional sheets if necessary.)																																			
LABS												EKG																							
CBC												Date:																							
WBC:												Impression:																							
HGB:																																			
HCT:																																			
PLT:																																			
LIPIDS												CXR																							
CHOL:												Date:																							
HDL:												Exam #:																							
LDL:												Location:																							
TRIG:												Impression:																							
GLUC:												Additional labs/x-rays/comments:																							
HIV:																																			
HCV:																																			
RPR:																																			
PPD:																																			
PSA:												Blood Type:																							
UA												Sickle Cell: POS or NEG																							
Spec Grav:												G6PD: WNL / DEFICIENT																							
pH:												2 Doses of Hep A documented: Yes or No																							
Gluc:												2 Doses of Hep B documented: Yes or No																							
Prot:												All Immunizations up to date: Yes or No;																							
Ket:												initials of immunizations screener:																							
Blood:																																			

Page 3 of 3 Pages  
Microsoft Office Excel 2003

**Encl. 10 –VOLUNTARY REMOVAL FROM PROMOTION LIST/VOLUNTARY  
GRADE REDUCTION EXAMPLE**



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**

UNIT AND BATTALION

DIVISION

POST, STATE, AND ZIP

OFFICE SYMBOL

DATE

MEMORANDUM THRU.....

FOR Commander.....

SUBJECT: Voluntary Grade Reduction/ Removal from Promotion Standing List on SGT/SPC John Doe (xxx-xx-1234)

1. SGT/SPC John Doe is removed from the Promotion Standing List/reduced one grade IAW AR 600-8-19, effective immediately to meet qualifications for reclassification.
2. This is a voluntary removal/reduction and Soldier will not be authorized for reinstatement.
3. This action is final and chain of command is responsible for notifying the soldier of this action.
4. The point of contact for this action (**name, number, and email**)

*Signature*

NAME

RANK, USA

Duty Position

Note: This memorandum does not have to look exactly like the example since it will be coming from higher and every office does it differently; as long as it states removal from promotion standing list or reduction in grade.

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.

**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.

**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)  
(Your Unit Information Here)  
Commander  
414th Signal Company  
Fort Stewart, GA 31314

2. TO (Include ZIP Code)  
12D Phase 1 Reclassification Manager  
DOTLD, Engineer School  
Fort Leonard Wood, MO 65473

3. FROM (Include ZIP Code)  
(Your Unit Information Here)  
Retention NCO or Applicant  
414th Signal Company  
Fort Stewart, GA 31314

**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI)  
DOE, John W.

5. GRADE OR RANK/PMOS/AOC  
SPC/25B10

6. SOCIAL SECURITY NUMBER  
123-45-6789

**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

<input type="checkbox"/>	Service School (Enl only)	<input type="checkbox"/>	Special Forces Training/Assignment	<input type="checkbox"/>	Identification Card
<input type="checkbox"/>	ROTC or Reserve Component Duty	<input type="checkbox"/>	On-the-Job Training (Enl only)	<input type="checkbox"/>	Identification Tags
<input type="checkbox"/>	Volunteering For Oversea Service	<input type="checkbox"/>	Retesting in Army Personnel Tests	<input type="checkbox"/>	Separate Rations
<input type="checkbox"/>	Ranger Training	<input type="checkbox"/>	Reassignment Married Army Couples	<input type="checkbox"/>	Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/>	Reassignment Extreme Family Problems	<input type="checkbox"/>	Reclassification	<input type="checkbox"/>	Change of Name/SSN/DOB
<input type="checkbox"/>	Exchange Reassignment (Enl only)	<input type="checkbox"/>	Officer Candidate School	<input checked="" type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/>	Reclassification and Retention

9. SIGNATURE OF SOLDIER (When required)

**APPLICANTS SIGNATURE**

10. DATE (YYYYMMDD)

**DATE SIGNED****SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

1. SPC John W. Doe is requesting reclassification to 12D under Reclassification and Retention Program. (EXAMPLE)

or  
1. SPC John W. Doe is requesting reclassification to 12D as a reenlistment option. (EXAMPLE)

2. Met requirements IAW DA Form 5030.

3. I understand that prior to my attendance at the Phase 1 course, I must meet (or reenlist/extend to meet) the service-remaining requirement of 24 months upon completion of the Phase 2 Course. If I do not meet these requirements upon arrival at the Phase 1 course, I will be disenrolled from the course.

Encl.

1. ERB
2. DA FORM 5030
3. DA FORM 705, (DA 5500 or DA 5501 if applicable)
4. Request for Waiver Memorandum(s) if applicable
5. Removal from Promotion Standing List or Reduction in Rank memorandum if applicable
6. Medical Screening Forms

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)



REPLY TO  
ATTENTION OF

## Encl. 12- WAIVER EXAMPLE

### DEPARTMENT OF THE ARMY

YOUR UNIT AND BATTALION

YOUR DIVISION

YOUR POST, STATE & ZIP CODE

OFFICE SYMBOL

DATE

MEMORANDUM FOR: Engineer Personnel Development Office, Fort Leonard Wood, MO 65473

SUBJECT: Request age waiver to reclassify into MOS 12D, Engineer Diver.

1. Reference: DA FORM 5030 Engineer Dive Training Application.

2. Request age waiver for the following Soldier:

**SPC John Doe W. XXX-XX-1234**

3. A prerequisites for the MOS 12D is to be no more than 35 years old. SM is 38 years old and requests an age waiver.

4. Point of Contact for this request is SPC John Doe W. at (your number) or at john.w.doe@us.army.mil.

JOHN W. DOE  
SPC, USA  
Duty Position/MOS